

Please type a plus sign (+) inside this box ☐ +  
PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  X Declaration Submitted with Declaration Submitted after Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	DEP670			
	First Named Inventor	Kimberly Ann Dwyer, PhD			
	<i>COMPLETE IF KNOWN</i>				
	Application Number				
	Filing Date				
	Group Art Unit				
		Examiner Name			
<p><b>As a below named inventor, I hereby declare that:</b></p> <p>My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>					
<b>Assembly Tool for Modular Implants and Associated Method</b> <i>(Title of the Invention)</i>					
<p>the specification of which</p> <p>X is attached hereto</p> <p>OR</p> <p>was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/></p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>					
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p>					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 20px;">000027777</span> <div style="float: right; text-align: right;">             Place Customer              Number Bar Code              Label Here           </div>		
AND  <input type="checkbox"/> Practitioner(s) named below: <div style="display: flex; justify-content: space-between;"> <span><u>Name</u></span> <span><u>Registration Number</u></span> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to John Wagley at telephone number (574) 372-7332.		
<div style="display: flex; justify-content: space-between;"> <div>             Customer Number              Direct all correspondence to: <input checked="" type="checkbox"/>  <span style="border: 1px solid black; padding: 2px 20px;">000027777</span>              address below           </div> <div style="text-align: center;">OR</div> <div>             or Bar Code Label  <input type="checkbox"/> Correspondence           </div> </div>		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST  
INVENTOR:

☐ A petition has been filed for this unsigned  
inventor

Given Name  
(first and middle [if any]) Kimberly Ann

Family Name  
or Surname Dwyer

Inventor's  
Signature

*Kimberly Ann Dwyer*

Date 6/17/03

Residence: City Fort  
Wayne

State IN

Country  
US

Citizenship USA

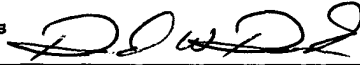
Mailing Address 10720 Lone Tree Place

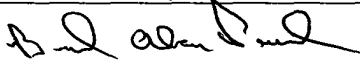
City Fort Wayne

State IN

ZIP 46818

Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) David Wayne		Family Name or Surname Daniels	
Inventor's Signature 		Date 6-17-03	
Residence: City	Warsaw	State	IN
Country	US	Citizenship	USA
Mailing Address 2340 E. Kemo Avenue			
City	Warsaw	State	IN
ZIP	46582	Country	US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Brad Alan		Family Name or Surname Parker	
Inventor's Signature 		Date 06-17-03	
Residence: City	Warsaw	State	IN
Country	US	Citizenship	USA
Mailing Address 23 EMS Lane C14			
City	Warsaw	State	IN
ZIP	46582	Country	US